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YOU MAKE THE CALL

The patient in our December 1990 issue has pseudopapilledema, caused by congenital drusen of the optic nerve head. The dense area indicated by the arrow on the B-scan ultrasound represents the drusen.

Besides causing the swollen appearance of the nerve head, the drusen pushed on fibers within the optic nerve, causing the visual field defects.

Tests ruled out true papilledema, which most often arises from severe hypertension or a tumor. Blood pressure readings and a CT-scan were both normal.

No treatment is indicated in this case. The drusen won't progress, nor will the patient's visual field improve.

The patient in our January issue has a small bacterial corneal ulcer at the 11 o'clock position of his left cornea. The bulbar conjunctival injection, cells and flare, and associated symptoms of headache and tearing are all signs of active inflammation.

The ulcer most likely arose from *Staphylococcus aureus* bacteria normally present in the eye.

To treat the ulcer, the doctor prescribed 5 percent homatropine, twice daily, and Tobrex ophthalmic solution, three times a day. The patient used Tobrex ointment at bedtime. When the patient returned for the next two days, the doctor noticed some signs of corneal healing. The patient returned every two or three days for 15 more days until the ulcer resolved.

At this point, the doctor performed tonometry and gonioscopy on the healed cornea to be sure his glaucoma was under control.

The patient in our February issue has a benign, probably congenital tumor called a melanocytoma in the optic nerve head of the left eye.

Diagnosis of this disease is fairly clear-cut. Melanocytomas are small and usually situated near the edge of the nerve head, often extending into the retina. Stereo evaluation lets doctors easily differentiate them from the only similar-looking lesions: optic pits. Melanocytomas are elevated and appear dark grey to black; optic pits are greyish and excavated.

Melanocytomas can reduce the visual field—in this case, the tumor restricted the patient's superior visual field by pressing on optic nerve head fibers. But they typically do not grow and require no treatment.

The patient in our March issue suffers from severe dacryocystitis in the left eye. The lower lacrimal drainage canals became blocked, leading to infection, painful swelling and a mild case of secondary conjunctivitis.

Tearing is a classic symptom of this disease. Seventy percent of tears normally drain through the inferior puncta. When that passage is blocked, epiphora, or heavy tearing, results.

Treatment involved three steps. First, the doctor prescribed 250mg of erythromycin, three times daily. Second, he asked the patient to apply warm compresses to the swollen area and gently massage it. Both steps were aimed at clearing the infection and breaking up the blockage.

Finally, the doctor prescribed a topical antibiotic to prevent secondary infection in the eye or adnexa as the swollen area began to drain. The condition resolved in three weeks.

